



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800006

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLIVER ORMON'S INC.

DOING BUSINESS AS OLIVER'S EATING & DRINKING EST.

ADDRESS 6 BRAY FARM RD.

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02675

MANAGER: ORMON, M. DALE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE ENTRANCE/EXIT FACING BRAY FARM RD. ENTRANCE AND EXIT IN REAR. 2 DINING ROOMS, LOUNGE, BASEMENT, ATTIC. SERVICE TO DECK CEASES AT 11

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800009

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SKIPPY'S PIER I INC.

DOING BUSINESS AS SKIPPY'S PIER I

ADDRESS 17 NEPTUNE LANE

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: GIOVANNI,
SANDRA DI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. FIRST FLOOR: 8 ROOMS; THREE DINING ROOMS, LOUNGE, 2 STORAGE ROOMS, KITCHEN, REST ROOMS, SUN DECK. SECOND FLOOR-ONE ROOM, NO CELLAR.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800015

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PERNA CONSULTANTS INC.

DOING BUSINESS AS COLONIAL HOUSE INN

ADDRESS 277 MAIN ST.

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02675

MANAGER: PERNA,

MALCOLM J.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG. BEING THREE FLOORS: 6 ROOMS 1ST FLOOR, 6 ROOMS SECOND FLOOR, SIX ROOMS THIRD FLOOR. CELLAR FOR STORAGE.

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800017

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KOUNADIS ENTERPRISES INC.

DOING BUSINESS A YARMOUTH HOUSE

ADDRESS 335 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: PINAULT, RENE J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG IS 500 SQ FT, DINING ROOM, BAR, LOUNGE. FRONT ENTRANCE/EXIT, REAR EXIT.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800020

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

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CLASS

YEAR

LICENSEE NAME: CAPTAIN PARKER'S PUB INC.

DOING BUSINESS AS

ADDRESS 672 MAIN ST.

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: MANNING,
GERALD M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG. BEING TWO FLOORS, TWO DINING ROOMS, LOUNGE, KITCHEN AND RESTROOMS.
WALK-IN COOLER. SECOND FLOOR-OFFICE, STORAGE AND REST ROOM.

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 151800023

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FINE ASIAN CUISINE, INC

DOING BUSINESS AS CHINA INN

ADDRESS 981 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: YANG, HENRY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG. BEING FOUR ROOMS ON STREET LEVEL; DINING ROOM, PARTY ROOM, KITCHEN AND LOUNGE. STORAGE ROOM. FOUR ENTRANCES/ EXITS.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800026

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANTHONY'S CUMMAQUID INN INC.

DOING BUSINESS AS

ADDRESS 2 MAIN ST. RTE. 6A

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02675

MANAGER: ATHANAS,
ANTHONY JR.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY. 1ST. FL. 6 ROOMS, PORCH & KITCHEN. SECOND FLOOR: 8 ROOMS &
OUTSIDE DECK ABOVE DINING ROOM. CELLAR-2 STORAGE ROOMS. LOWER LOUNGE
ROOM. EMPLOYEE DINING ROOM & FACILITIES. LAUNDRY ROOM.

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800030

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GIARDINO'S TASTEE TOWER INC.

DOING BUSINESS AS GIARDINO'S FAMILY RESTAURANT

ADDRESS 242 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: GIARDINO,
EDWARD A. JR.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY: FRONT ROOM, KITCHEN, LOUNGE, DINING ROOM, TWO REST ROOMS,
CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800037

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: M.A.A.M. INC.

DOING BUSINESS A LONGFELLOW'S PUB

ADDRESS 00001A OLD TWN.HSE.PLAZA

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: MC

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

INERNEY, JANET L.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNIT A BUILD. 1, ONE STORY, ONE ROOM W/KITCHEN AND REST ROOMS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800040

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RED FACE JACK'S INC.

DOING BUSINESS AS RED FACE JACK'S

ADDRESS 585 RTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: GOTT, ROBERT

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LOUNGE, 2 DINING ROOMS, KITCHEN IN REAR, AND STORAGE IN BASEMENT.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800044

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YARMOUTH LODGE #2270 LOYAL ORDER OF MOOSE INC

DOING BUSINESS A YARMOUTH LODGE

ADDRESS 769 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: SHERIDIAN, HUGH TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MEETING ROOMS, LOUNGE/BAR, KITCHEN, STORAGE ROOMS, OFFICE, REST ROOMS. SIX ENTRANCES/EXITS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800046

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAPE DELI FOODS INC.

DOING BUSINESS AS PICCADILLY DELI

ADDRESS 1105 RTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: WALSH,
PATRICIA D'OL.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 FLOOR CONTAINING ONE STORAGE ROOM, 2 RESTROOMS, ONE ROOM INCLUDING SEATING AND PREPARATION.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800047

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HEARTH'N KETTLE OF YARMOUTH INC.

DOING BUSINESS AS HEARTH'N KETTLE FAMILY RESTAURANT

ADDRESS 1196 RTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: CATANIA, FRANK TYPE OF LICENSE: Restaurant
J.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONTAINING TWO DINING ROOMS, OUTSIDE COVERED PATIO, SMALL LOUNGE, KITCHEN, REST ROOMS. CELLAR FOR STORAGE. OFFICE EMPLOYEES ROOM PREP AREA.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800048

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RIVER WAY LOBSTER HOUSE

DOING BUSINESS AS

ADDRESS 1338 RTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: SISCOE,JASON

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY; FIRST FLOOR COCKTAIL LOUNGE, BAR, 4 DINING ROOMS, W/SERVICE BAR
IN ONE. SECOND FLOOR STORAGE AND STOCK ROOM.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800052

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAUREL H. CURRAN

DOING BUSINESS AS KEVINS SEAFOOD

ADDRESS 908 RTE. 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: CURRAN, LAUREL TYPE OF LICENSE: Restaurant
H.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOODFRAME STRUCTURE FACING ROUTE 28 DINING ROOM, LOUNGE 18X45.
AND SERVICE TO OUTSIDE DECK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800058

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLUE WATER LIMITED PARTNERSHIP

DOING BUSINESS AS BLUE WATER RESORT MOTEL

ADDRESS 291 SO. SHORE DRIVE

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: VERITY, JOHN

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

84 ROOMS, DINING ROOM, LOUNGE, COFFEE SHOP, TWO MEETING ROOMS, OUTDOOR POOL, 2 SAUNA AREAS, W/EXERCISE ROOMS, INDOOR POOL, LOBBY, BEAUTY SHOP, TWO CELLARS FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800065

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MID-CAPE RACQUET CLUB INCORPORATED

DOING BUSINESS A MID-CAPE RACQUET CLUB

ADDRESS 193 WHITE'S PATH

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: MAJEWSKI,
ROBERT, E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS. TENNIS, RACQUETBALL, HEALTH CLUB. FIRST FLOOR; PRO SHOP, OFFICE, NURSERY, LOBBY, REST ROOMS, AND LOCKER ROOM. SECOND FLOOR; FIGURE SALON, BAR, WEIGHT ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800067

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TWILIGHT SPIRITS, INC.

DOING BUSINESS AS BECKER'S PACKAGE STORE

ADDRESS 55 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: JOHNSON,
CHERYL A.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY WOOD FRAME BUILDING WITH 2300 SQFT FRONT ENTRANCE/EXIT ON ROUTE 28

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800069

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LUKE'S LIQUORS INC

DOING BUSINESS AS

ADDRESS 511 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: SOARES, CRAIG

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, NO CELLAR, BACK ROOM FOR STORAGE AND DELIVERIES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800070

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLUE MARLIN BEVERAGE CORPORATION

DOING BUSINESS AS YARMOUTHPORT VILLAGE STORE

ADDRESS 330 MAIN STREET RTE

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02675

MANAGER: ZUSKAUSKAS,
VIKTOR J.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL SALES STORE WITH STORAGE ROOM, AND CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800073

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WATERWHEEL 28 INC.

DOING BUSINESS AS WATERWHEEL LIQUORS

ADDRESS 01323B RTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: CHIU, KINNIE

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THIS CONSISTS OF TWO OF THREE RETAIL STORES IN THE BUILDING FOR THE USE BY LIQUOR STORE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800074

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RAYMOND E. LAUZON

DOING BUSINESS AS BASS RIVER LIQUOR STORE

ADDRESS 931 RTE 28 & WILLOW ST

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG; FIRST FLOOR-RETAIL AREA, FRONT EXIT AND ENTRANCE, REAR SIDE DELIVERY DOOR, SECOND FLOOR STORAGE AND OFFICE, FULL CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800075

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SIRRON INC

DOING BUSINESS AS DAGGETT'S LIQUOR STORE

ADDRESS 1071 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: Norris, Joseph

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING IS 9000 SQ FT SELLING/STORAGE. FRONT ENTRANCE/EXIT. REAR ENTRANCE, RECEIVING ONLY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800076

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEASCAPE SPIRITS, LLC

DOING BUSINESS AS

ADDRESS 451 STATION AVENUE

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: MURPHY, RONALD TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
P.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG.; FRONT DISPLAY/SALES ROOM, OFFICE AREA, REAR AND SIDE
STORAGE ROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800079

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE POINT, INC.

DOING BUSINESS AS THE CAPE POINT

ADDRESS 476 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: SWARTZ, PAUL L. TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

116 UNIT HOTEL W/CAFE, KITCHEN, INDOOR & OUTDOOR POOL, TWO MEETING ROOMS,
STORAGE ROOMS, OFFICE, EXERCISE ROOM, GAME ROOM, AND LAUNDRY ROOM.
Seasonal cabana bar and grill at the outdoor pool

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800084

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THIRWOOD CLUB LTD.

DOING BUSINESS AS THIRWOOD PLACE

ADDRESS 237 NORTH MAIN ST

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: GOODWIN JR.,
EDWARD L

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG. CONSISTS OF 206 ROOMS, ALL AREAS OF COMMUNITY CENTER AND RESIDENTIAL WINGS, DECKS AND PORCHES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800085

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SMITHFIELD MARKET OF YARMOUTHPORT, LLC

DOING BUSINESS A PETERSON'S MARKET

ADDRESS 918 MAIN STREET - RTE. 6A

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02675

MANAGER: SMITH, BRIAN F.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING IS 7050 S/F OF RETAIL SPACE FOR GROCERY AND LIQUOR SALES. ONE ENTRANCE/EXIT IN FRONT, ONE IN REAR FOR DELIVERIES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800089

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CALAMARI INC.

DOING BUSINESS AS DI PARMA ITALIAN TABLE

ADDRESS 175 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: SURRO,
BENJAMIN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WITH KITCHEN, 4 DINING RMS/AREAS, ONE BAR AND SERVICE TO THE
DECK. REST RMS. FIVE ENTRANCES/EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800091

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YARMOUTH WINE & SPIRITS LLC

DOING BUSINESS AS YARMOUTH WINE & SPIRITS

ADDRESS 484H STATION AVENUE

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: MANOLI, FRANK TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
R.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

484H STATION AVE. (END UNIT) CONTAINING 8,960 SQ. FT. : ONE FRONT CUSTOMER
ENTRANCE, TWO REAR EXITS/ENTRANCES: A 47X20 WALK IN COOLER: EMPLOYEE
BREAK ROOM, REAR STORAGE AND WORK AREA, front office

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800092

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PEGASUS FOOD SERVICES, LLC

DOING BUSINESS AS VILLAGE PIZZA

ADDRESS 715 ROUTE 6A

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02675

MANAGER: CONSTANTINE,
ANGELOS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING BEING DINING ROOM, LOUNGE, KITCHEN, REST ROOMS, AND BASEMENT FOR STORAGE. FRONT ENTRANCE/EXIT, REAR EXIT, AND KITCHEN EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800093

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALDA M. WATANABE

DOING BUSINESS A INAHO JAPANESE RESTAURANT

ADDRESS 157 ROUTE 6A

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02675

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. FIRST FLOOR DINING ROOMS, KITCHEN, STORAGE ROOM, SERVICE BAR, MAIN ENTRY. SECOND FLOOR REST ROOMS, TWO STORAGE ROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800095

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZDOM, INC

DOING BUSINESS AS DOYLE'S RESTAURANT

ADDRESS 1329 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: DAVILA, PEDRO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING BEING SINGLE STORY FRAME, FRONT ENTRANCE/EXIT, SIDE EXIT, TWO DINING ROOMS, BAR/LOUNGE AREA, KITCHEN WITH TWO EXITS, RESTROOMS, CELLAR, OUTSIDE DECK SERVICE TO CEASE AT 11PM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800098

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PERIKLIS,INC

DOING BUSINESS A YARMOUTH PIZZA BY EVAN

ADDRESS 559 ROUTE 6A

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02675

MANAGER: CHRISTOU,PERIKLTYPE OF LICENSE:Restaurant
IS

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD BUILDING, ONE DINING ROOM, KITCHEN, STORAGE ROOM, REST
ROOMS, THREE ENTRANCES AND EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800107

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRAVIS HOSPITALITY INC

DOING BUSINESS AS BAYSIDE RESORT HOTEL

ADDRESS 225 RTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: SROCZENSKI, RODTYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

128 UNIT HOTEL WITH INDOOR AND OUTDOOR POOLS, GAME ROOM, CONFERENCE ROOM, HOSPITALITY ROOM, RESTAURANT/LOUNGE, OFFICE, EIGHT ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800110

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 WEST, INC

DOING BUSINESS AS 99 RESTAURANTS-PUB

ADDRESS 14 BERRY AVE WEST

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: WHAPLES,
WALTER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE DINING ROOM, BAR/LOUNGE, EMPLOYEE LOUNGE, OFFICE STORAGE ROOM,
KITCHEN, VESTIBULE/WAITING AREA, RESTROOMS. ONE ENTRANCE/ FIVE EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800115

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WRIGHT OR WRONG, INC.

DOING BUSINESS AS STEFANIE'S RESTAURANT

ADDRESS 635 WEST YARMOUTH RD.

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02675

MANAGER: WRIGHT,
STEFANIE E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GOLF COURSE CLUB HOUSE FIRST FLOOR LEVEL WITH DINING ROOM SERVICE BAR,
TWO RESTROOMS TWO RESTROOMS TWO ENTRANCES AND EXITS, patio. Cart shed for
special events only with prior approval of the llb

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800117

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTHSIDE TAVERN, LLC.

DOING BUSINESS AS ARDEO

ADDRESS 00023U WHITE'S PATH

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02675

MANAGER: JAMIEL, JOSEPH A. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING IS 5000 SQFT DINING ROOM, BAR, LOUNGE, FRONT ENTRANCE/EXIT REAR EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800119

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAPE COD SUPER BUFFET, INC.

DOING BUSINESS AS CAPE COD SUPER BUFFET

ADDRESS 228 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: LI, GUANG B.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING CONSISTS OF 9500 SQFT WOOD FRAME, CENTRAL BUFFET AREA W/6 TABLES, 4 SEPARATE DINING AREAS, KITCHEN, STORAGE AREA, RESTROOMS, PREP AREA, 2 WALK IN COOLERS, ONE WALK IN FREEZER.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800120

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RYAN FAMILY AMUSEMENTS INC

DOING BUSINESS AS RYAN FAMILY AMUSEMENTS

ADDRESS 1067 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: CAMPBELL,
PETER

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BOWLING ALLEY, SMALL AREA DEDICATED TO ARCADE GAMES. THREE ROOMS
RENTED FOR PRIVATE FUNCTIONS. SMALL SNACKBAR. 3 ENTRANCES/EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800126

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GERARDI'S CAFÉ, INC.

DOING BUSINESS AS GERARDI'S CAFÉ, INC.

ADDRESS 902 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: DIEGO, GERARDI TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

KITCHEN, RESTAURANT AREA, TAKEOUT, SERVICE AREA. ONE CUSTOMER
ENTRANCE/EXIT. EMERGENCY EXIT. TWO REST ROOMS _____

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800128

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAMES A. LIADIS INC.

DOING BUSINESS AS BLACK SHEEP BAR AND RESTAURANT

ADDRESS 720 MAIN STREET

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02675

MANAGER: WETHERBEE
CHARLES B.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800130

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LA PLAYA, INC.

DOING BUSINESS AS ACAPULCO'S MEXICAN FAMILY RESTAURANT AND
CANTINA

ADDRESS 416 MAIN STREET

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02673

MANAGER: MENDIOLA,
KATHERINE E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

One story building approx 2500 sq ft. there are entrances and exits on the side of the building.
Handicapped accessible as well as in the rear. Two dining areas and bar with restrooms and kitchen

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800131

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SONS OF ERIN CAPE COD, INC.

DOING BUSINESS A SAME

ADDRESS 633 RTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: SHEA, MICHAEL F. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

first floor and basement of a one story wood frame building, approximately 4567 sq ft with seating for 160, kitchen and front and rear entrances and exits

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800132

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OPTIMIST CAFÉ INC.

DOING BUSINESS AS

ADDRESS 134 MAIN STREET RTE. 6A

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02675

MANAGER: COTELLESA,
JOSEPH

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 FLOORS, CELLAR FOR STORAGE. 1ST FLOOR - 3 DINING ROOMS, KITCHEN, WAITING ROOM AND 2 RESTROOMS. 2ND FL - 2 BEDROOMS. FRONT ENTRANCE/EXIT, REAR & SIDE EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800134

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YEAHMA INC.

DOING BUSINESS AS 4 BROS. BISTRO

ADDRESS 183 MAIN ST/RTE28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: COLLUCCI, JOHN TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

229 UNIT RESORT/RESTAURANT, SPORTS FACILITY WITH SNAC BAR, LOUNGE, MEETING ROOMS, KITCHEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800135

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CONKEE CORP.

DOING BUSINESS AS KC'S

ADDRESS 822 ROUTE ROUTE,

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: HYNES,JOHN J.JR. TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

128 UNIT 2 STORY MOTEL W/LOUNGE, BAR AND RESTAURANT,INDOOR AND OUTDOOR
SWIMMING POOLS AND PATIOS ,FIVE MEETING ROOMS,GAME ROOM INTERIOR
,HALLWAYS, SPA,LOBBY,FULL KITCHEN AND RESTROOMS, 7 NEABS IF EGRESS AND
INGRESS LOCATED ON THE NORTHERLY SIDE OF ROUTE 28.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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By:

DATE:



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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800139

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: F.E.D. HOTEL PROPERTIES LLC

DOING BUSINESS AS HAMPTON INN & SUITES CAPE COD

ADDRESS 99 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: DARLING, DAVID TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

136 UNIT HAMPTON INN & SUITES W/ MEETING SPACE FOR UP TO 150..2 EXITS
INMEETING ROOM, 4 EXITS IN MAIN BUILDING, AMPLE PARKING..ALCOHOL SERVICE TO
HOTEL GUESTS ONLY IN DINING/BREAKFAST ROOM MEETING ROOM ANDPOOL
AREAS...NO TAVERN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

DATE:

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Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800140

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 43 RTE 6A,INC

DOING BUSINESS A LYRIC

ADDRESS 43 ROUTE 6A

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: O'CONNOR,ANN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 & 1/2 STORIES WITH 4 DINING ROOMS,BAR,KITCHEN,2 RESTROOMS(1 DINING ROOM AND 1 RESTROOM ON 2ND FLOOR),OFFICE AND STORAGE IN CELLAR.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800143

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOWN OF YARMOUTH

DOING BUSINESS AS THE GRILLE AT BASS RIVER

ADDRESS 62 Highbank Road

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: HEWINS, RONALD TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISE IS THE BASS RIVER GOLF COURSE AT 62 Highbank Rd..SERVICE AREAS TO INCLUDE THE RESTAURANT LOCATED IN THE CLUBHOUSE AND THE GOLF COURSE AS DESCRIBED ON THE ATTACHMENT MARKED EXHIBIT #1 HERETO DATED FEB 19 2010...ALCOHOLIC BEVERAGES TO BE SOLD FROM UP TO TWO BEVERAGE CARTS...ALCOHOLIC BEVERAGES WILL BE STORED WITHIN THE CONFINES OF THE CLUBHOUSE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800145

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RED ROSE INN & TAVERN, LLC

DOING BUSINESS AS RED ROSE INN & TAVERN

ADDRESS 6 NEW HAMPSHIRE AVE WEST

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: GALLIGAN,
ROBERT E

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD FRAME BUILDING WITH TWO DINING AREAS AND BAR ON FIRST FLOOR. TWO ENTRANCES/EXITS IN FRONT, ONE IN BACK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800147

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OC'S FAMILY RESTAURANT

DOING BUSINESS AS OC'S CAFÉ

ADDRESS 645 MAIN ST

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: ROBERTS ,ORNEL TYPE OF LICENSE: Restaurant
O.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. WITH TWO DINING RMS AND BAR ON FIRST FLOOR, BAR AND TABLES
ON SECOND FLOOR. MAIN ENTRANCE/EXIT ON SIDE OF BLDG. ADDITIONAL EXITS IN
REAR AND OPPOSITE SIDE OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY:

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DATE:

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DISAPPROVED: ☐

(If disapproved explain)

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By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800148

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HEMEON ABBOTT MANAGEMENT CORPORATION

DOING BUSINESS AS CLARION INN

ADDRESS 1199 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: BUCKLEY,
STEPHAN

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISE IS A 114 UNIT AREA ROUND INN WHICH INCLUDES A RESTAURANT AREA(S),
BAR, INDOOR AND OUTDOOR POOLS, GAZEBO WITH SEASONAL ABR, OUTDOOR
SEASONAL SNACK/GRILL AREA, MEETING ROOMS, STORAGE ROOM(S), OFFICE,
EXERCISE FACILITY, GAME ROOM (ARCADE) AND LAUNDRY ROOM(S)

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800150

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAMIEL HOSPITALITY COMPANY LLC

DOING BUSINESS AS ARDEO AT KING'S WAY

ADDRESS 81 KING'S CIRCUIT

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: JAMIEL, JOSPEH A. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH FRONT ENTRANCE, BACK ENTRANCE, TWO DINING ROOMS WITH EXITS, TAVERN WITH TWO EXITS, KITCHEN WITH ENTRANCE AND TWO EXITS. STONE PATIO WITH STONE WALL ENCLOSURE, ONE ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800151

CITY OR TOWN YARMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOUR SEASONS TRATTORIA, INC.

DOING BUSINESS AS

ADDRESS 1077 ROUTE 28

CITY/TOWN: YARMOUTH

STATE: MA

ZIP CODE: 02664

MANAGER: FERNANDEZ, LUIS TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISE IS A FREE STANDING BUILDING WITH A DINING AREA, KITCHEN, REST ROOMS AND OUTDOOR PATIO. ONE ENTRANCE AND EXIT, EMERGENCY EXIT IN THE REAR OF THE BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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